

REDACTED - FOR PUBLIC INSPECTION

**FCC Form 481 - Carrier Annual Reporting
Data Collection Form**FCC Form 481
OMB Control No. 3060-0986/OMB Control No. 3060-0819
July 2013

<010>	Study Area Code	351303
<015>	Study Area Name	COOP TEL EXCHANGE
<020>	Program Year	2018
<030>	Contact Name: Person USAC should contact with questions about this data	Dean Uher
<035>	Contact Telephone Number: Number of the person identified in data line <030>	6056303577 ext.
<039>	Contact Email Address: Email of the person identified in data line <030>	dean.uher@farrtechnologies.com
	Form Type	54.313 and 54.422

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OMB Control No. 3060-0986/OMB Control No. 3060-0819
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<210> For the prior calendar year, were there any reportable voice service outages? No

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(300) Unfulfilled Service Request Data Collection Form	FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
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<039>	Contact Email Address - Email Address of person identified in data line <030>	dean.uher@farrtechnologies.com

<300> Unfulfilled service request (voice)

NA

<310> Detail on attempts (voice)

Name of Attached Document

<320> Unfulfilled service request (broadband)

NA

<330> Detail on attempts (broadband)

Name of Attached Document

(400) Number of Complaints per 1,000 customers Data Collection Form	FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
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<039>	Contact Email Address - Email Address of person identified in data line <030>	dean.uher@farrtechnologies.com
<400>	Select from the drop-down list to indicate how you would like to report voice complaints (zero or greater) for voice telephony service in the prior calendar year for each service area in which you are designated an ETC for any facilities you own, operate, lease, or otherwise utilize.	
<410>	Complaints per 1000 customers for fixed voice	Offered only fixed voice 0 . 0
<420>	Complaints per 1000 customers for mobile voice	
<430>	Select from the drop-down list to indicate how you would like to report end-user customer complaints (zero or greater) for broadband service in the prior calendar year for each service area in which you are designated an ETC for any facilities you own, operate, lease, or otherwise utilize.	
<440>	Complaints per 1000 customers for fixed broadband	Offered only fixed broadband 0 . 0
<450>	Complaints per 1000 customers for mobile broadband	

(500) Compliance With Service Quality Standards and Consumer Protection Rules		FCC Form 481
Data Collection Form		OMB Control No. 3060-0986/OMB Control No. 3060-0819
		July 2013
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<039>	Contact Email Address - Email Address of person identified in data line <030>	dean.uher@farrtechnologies.com
<500>	Certify compliance with applicable service quality standards and consumer protection rules	Yes
351303ia510.pdf		
<510>	Descriptive document for Service Quality Standards & Consumer Protection Rules Compliance	
<515>	Certify compliance with applicable minimum service standards	

(600) Functionality in Emergency Situations Data Collection Form	FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
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<039>	Contact Email Address - Email Address of person identified in data line <030>	dean.uher@farrtechnologies.com
<600>	Certify compliance regarding ability to function in emergency situations	Yes
<610>	Descriptive document for Functionality in Emergency Situations	351303ia610.pdf

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[illegible]

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<711>

-- See attached worksheet --

(900) Tribal Lands Reporting Data Collection Form	FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
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<039> Contact Email Address - Email Address of person identified in data line <030>	dean.uher@farrtechnologies.com

<900> Does the filing entity offer tribal land services? (Y/N) No

<910> Tribal Land(s) on which ETC Serves

<920> Tribal Government Engagement Obligation

Name of Attached Document

If your company serves Tribal lands, please select (Yes, No, NA) for each these boxes to confirm the status described on the attached PDF, on line 920, demonstrates coordination with the Tribal government pursuant to § 54.313(a)(9) includes:

- <921> Needs assessment and deployment planning with a focus on Tribal community anchor institutions.
- <922> Feasibility and sustainability planning;
- <923> Marketing services in a culturally sensitive manner;
- <924> Compliance with Rights of way processes
- <925> Compliance with Land Use permitting requirements
- <926> Compliance with Facilities Siting rules
- <927> Compliance with Environmental Review processes
- <928> Compliance with Cultural Preservation review processes
- <929> Compliance with Tribal Business and Licensing requirements.

Select Yes or No or Not Applicable

**(1000) Voice and Broadband Service Rate Comparability
Data Collection Form**

FCC Form 481

OMB Control No. 3060-0986/OMB Control No. 3060-0819

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<039>	Contact Email Address - Email Address of person identified in data line <030>	dean.uher@farrtechnologies.com

<1000> Voice services rate comparability certification Yes

<1010> Attach detailed description for voice services rate comparability compliance 351303ia1010.pdf

Name of Attached Document

<1020> Broadband comparability certification Yes - Pricing is no more than the non-promotional price charged for a comparable fixed wireline service in urban areas in the states or U.S. Territories where the eligible telecommunications carrier receives support

<1030> Attach detailed description for broadband comparability compliance 351303ia1030.pdf

Name of Attached Document

(1100) No Terrestrial Backhaul Reporting Data Collection Form	FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
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<1100> Certify whether terrestrial backhaul options exist (Y/N)

Yes

<1130> Please select the appropriate response (Yes, No, Not Applicable) to confirm the reporting carrier offers broadband service of at least 1 Mbps downstream and 256 kbps upstream within the supported area pursuant to § 54.313(g).

(1200) Terms and Condition for Lifeline Customers Lifeline Data Collection Form	FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
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<1210> Terms & Conditions of Voice Telephony Lifeline Plans

351303ia1210.pdf

Name of Attached Document

<1220> Link to Public Website

HTTP

"Please check these boxes below to confirm that the attached document(s), on line 1210, or the website listed, on line 1220, contains the required information pursuant to § 54.422(a)(2) annual reporting for ETCs receiving low-income support, carriers must annually report:

- | | |
|--|-------------------------------------|
| <1221> Information describing the terms and conditions of any voice telephony service plans offered to Lifeline subscribers, | <input checked="" type="checkbox"/> |
| <1222> Details on the number of minutes provided as part of the plan, | <input checked="" type="checkbox"/> |
| <1223> Additional charges for toll calls, and rates for each such plan. | <input checked="" type="checkbox"/> |

(2005) Price Cap Carrier Additional Documentation Data Collection Form <i>Including Rate-of-Return Carriers affiliated with Price Cap Local Exchange Carriers</i>	FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
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Select the appropriate responses below (Yes, No, Not Applicable) to note compliance as a recipient of Incremental High Cost support, High Cost support to offset access charge reductions, and Connect America Phase II support as set forth in 47 CFR § 54.313(b),(c),(d),(e). The information reported on this form and in the documents attached below is accurate.

Incremental Connect America Phase I reporting

<2011> 3rd Year Certification 47 CFR §54.313(b)(1)(ii) - Note that for the July 2017 certification, this applies to Round 2 recipients of Incremental Support.	<input style="width: 100px; height: 20px;" type="text"/>	
<2022> Recipient certifies, representing year three after filing a notice of acceptance of funding pursuant to 54.312(c), that the locations in question are not receiving support under the Broadband Initiatives Program or the Broadband Technology Opportunities Program for projects that will provide broadband with speeds of at least 4 Mbps/1Mbps - 54.313(b)(2)(i). Round 2 recipients only.	<input style="width: 100px; height: 20px;" type="text"/>	
<2023> The attachment on line 2024 includes a statement of the total amount of capital funding expended in the previous year in meeting Connect America Phase I deployment obligations, accompanied by a list of census blocks indicating where funding was spent. This covers year three - 54.313(b)(2)(ii). Round 2 recipients only.	<input style="width: 100px; height: 20px;" type="text"/>	
<2024A> Round 2 Recipient of Incremental Support?	<input style="width: 100px; height: 20px;" type="text"/>	<input style="width: 100%; height: 60px;" type="text"/>
<2024B> Attach list of census blocks indicating where funding was spent in year three - 54.313(b)(2)(ii). Round 2 recipients only.	Name of Attached Document Listing Required Information	<input style="width: 100%; height: 60px;" type="text"/>
<2025A> Round 2 Recipient of Incremental Support?	<input style="width: 100px; height: 20px;" type="text"/>	
<2025B> Attach geocoded Information for Phase I milestone reports (Round 2 for year three) - Connect America Fund , WC Docket 10-90, Report and Order, FCC 13-73, paragraph 35 (May 22, 2013).	Name of Attached Document Listing Required Information	<input style="width: 100%; height: 60px;" type="text"/>
<2015> 2016 and future Frozen Support Certification 47 CFR § 54.313(c)(4)	<input style="width: 100px; height: 20px;" type="text"/>	

(2005) Price Cap Carrier Additional Documentation

Data Collection Form

Including Rate-of-Return Carriers affiliated with Price Cap Local Exchange Carriers

FCC Form 481

OMB Control No. 3060-0986/OMB Control No. 3060-0819

July 2013

Price Cap Carrier Connect America ICC Support {47 CFR § 54.313(d)}

<2016> Certification support used to build broadband

Connect America Phase II Reporting {47 CFR § 54.313(e)}

<2017A> Connect America Fund Phase II recipient?

<2017C> Total amount of Phase II support, if any, the price cap carrier used for capital expenditures in 2016.

<2018> Attach the number, names, and addresses of community anchor institutions to which the carrier newly began providing access to broadband service in the preceding calendar year - 54.313(e)(1)(ii)(A)

Name of Attached Document Listing
Required Information

<2019> Recipient certifies that it bid on category one telecommunications and Internet access services in response to all FCC Form 470 postings seeking broadband service that meets the connectivity targets for the schools and libraries universal service support program for eligible schools and libraries located within any area in a census block where the carrier is receiving Phase II model-based support, and that such bids were at rates reasonably comparable to rates charged to eligible schools and libraries in urban areas for comparable offerings - 54.313(e)(1)(ii)(C)

(3005) Rate Of Return Carrier Additional Documentation (Continued)	FCC Form 481
Data Collection Form	OMB Control No. 3060-0986/OMB Control No. 3060-0819
	July 2013

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Financial Data Summary

(3027) Revenue

(3028) Operating Expenses

(3029) Net Income

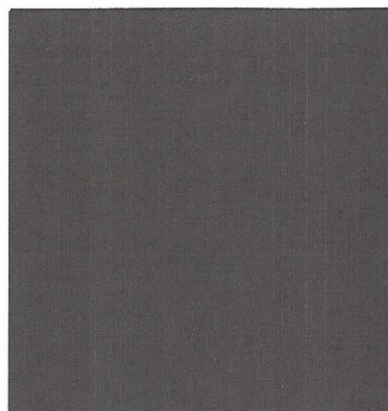
(3030) Telephone Plant In Service(TPIS)

(3031) Total Assets

(3032) Total Debt

(3033) Total Equity

(3034) Dividends



(4005) Rural Broadband Experiment Additional Documentation Data Collection Form	FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
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4005 Rural Broadband Experiment

Authorized Rural Broadband Experiment (RBE) recipients must address the certification for public interest obligations, provide a list of newly served community anchor institutions, and provide a list of locations where broadband has been deployed.

Public Interest Obligations – FCC 14-98 (paragraphs 26-29, 78)

Please address Line 4001 regarding compliance with the Commission’s public interest obligations. All RBE participants must provide a response to Line 4001.

4001. Recipient certifies that it is offering broadband to the identified locations meeting the requisite public interest obligations consistent with the category for which they were selected, including broadband speed, latency, usage capacity, and rates that are reasonably comparable to rates for comparable offerings in urban areas?

Community Anchor Institutions – FCC 14-98 (paragraph 79)

4003a. RBE participants must provide the number, names, and addresses of community anchor institutions to which they newly deployed broadband service in the preceding calendar year. On this line, please respond (yes – attach new community anchors, no – no new anchors) to indicate whether this list will be provided.

If yes to 4003A, please provide a response for 4003B.

4003b. Provide the number, names and addresses of community anchor institutions to which the recipient newly began providing access to broadband service in the preceding calendar year.	Name of Attached Document Listing Required Information	
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Broadband Deployment Locations – FCC 14-98 (paragraph 80)

4004a. Attach a list of geocoded locations to which broadband has been deployed as of the June 1st immediately preceding the July 1st filing deadline for the FCC Form 481.	Name of Attached Document Listing Required Information	
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4004b. Attach evidence demonstrating that the recipient is meeting the relevant public service obligations for the identified locations. Materials must at least detail the pricing, offered broadband speed and data usage allowances available in the relevant geographic area.	Name of Attached Document Listing Required Information	
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Certification - Reporting Carrier Data Collection Form	FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
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<039>	Contact Email Address - Email Address of person identified in data line <030>	dean.uher@farrtechnologies.com

TO BE COMPLETED BY THE REPORTING CARRIER, IF THE REPORTING CARRIER IS FILING ANNUAL REPORTING ON ITS OWN BEHALF:

Certification of Officer as to the Accuracy of the Data Reported for the Annual Reporting for CAF or LI Recipients	
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the annual reporting requirements for universal service support recipients; and, to the best of my knowledge, the information reported on this form and in any attachments is accurate.	
Name of Reporting Carrier:	
Signature of Authorized Officer:	Date
Printed name of Authorized Officer:	
Title or position of Authorized Officer:	
Telephone number of Authorized Officer:	
Study Area Code of Reporting Carrier:	Filing Due Date for this form:
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.	

Certification - Agent / Carrier Data Collection Form	FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
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<039> Contact Email Address - Email Address of person identified in data line <030>	dean.uher@farrtechnologies.com

TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING ANNUAL REPORTS ON THE CARRIER'S BEHALF:

Certification of Officer to Authorize an Agent to File Annual Reports for CAF or LI Recipients on Behalf of Reporting Carrier	
I certify that (Name of Agent) <u>FARR Technologies</u> is authorized to submit the information reported on behalf of the reporting carrier. I also certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the annual data reporting requirements provided to the authorized agent; and, to the best of my knowledge, the reports and data provided to the authorized agent is accurate.	
Name of Authorized Agent:	<u>FARR Technologies</u>
Name of Reporting Carrier:	<u>COOP TEL EXCHANGE</u>
Signature of Authorized Officer:	<u>CERTIFIED ONLINE</u> Date: <u>06/27/2017</u>
Printed name of Authorized Officer:	<u>Marvin Ness</u>
Title or position of Authorized Officer:	<u>President, Board of Directors</u>
Telephone number of Authorized Officer:	<u>5158263206 ext.</u>
Study Area Code of Reporting Carrier:	<u>351303</u> Filing Due Date for this form: <u>07/03/2017</u>
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.	

TO BE COMPLETED BY THE AUTHORIZED AGENT:

Certification of Agent Authorized to File Annual Reports for CAF or LI Recipients on Behalf of Reporting Carrier	
I, as agent for the reporting carrier, certify that I am authorized to submit the annual reports for universal service support recipients on behalf of the reporting carrier; I have provided the data reported herein based on data provided by the reporting carrier; and, to the best of my knowledge, the information reported herein is accurate.	
Name of Reporting Carrier:	<u>COOP TEL EXCHANGE</u>
Name of Authorized Agent Firm:	<u>FARR Technologies</u>
Signature of Authorized Agent or Employee of Agent:	<u>CERTIFIED ONLINE</u> Date: <u>06/27/2017</u>
Name of Authorized Agent Employee:	<u>Dean Uher</u>
Title or position of Authorized Agent or Employee of Agent	<u>Director, Regulatory Affairs</u>
Telephone number of Authorized Agent or Employee of Agent:	<u>6056303577 ext.</u>
Study Area Code of Reporting Carrier:	<u>351303</u> Filing Due Date for this form: <u>07/03/2017</u>
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.	

Attachments

<701>	Residential Local Service Charge Effective Date	1/1/2017
<702>	Single State-wide Residential Local Service Charge	

[illegible]

(710) Broadband Price Offerings
Data Collection Form

FCC Form 481

OMB Control No. 3060-0986/OMB Control No. 3060-0819

July 2013

<010> Study Area Code	351303
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<015>	Study Area Name		COOP TEL EXCHANGE
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<020>	Program Year	2018
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<030>	Contact Name - Person USAC should contact regarding this data	Dean Uher
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<035>	Contact Telephone Number - Number of person identified in data line <030>	6056303577 ext.
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<039>	Contact Email Address - Email Address of person identified in data line <030>	dean.uher@farrtechnologies.com
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[illegible]

Cooperative Telephone Exchange

SAC: 351303

State: Iowa

Form 481

Line 510: Certification of Compliance with Applicable Service Quality Standards and Consumer Protection Rules

Iowa Administrative Code §199-39.7 requires an ETC to certify in its annual report that it is complying with applicable service quality standards and consumer protection rules. Specific service quality standards the ETC must comply with include standards concerning service connections, held orders, service interruptions, and emergency operations found in Iowa Administrative Code §199-22.6.

Cooperative Telephone Exchange is also subject to consumer protection obligations for broadband services under federal law. Obligations for broadband services include, but are not limited to, the following: public disclosure of commercial terms of broadband internet access services; information regarding network management practices and network performance, and disclosure of information sufficient to allow consumers to make informed choices regarding use of such services as specified in F.C.C. 47 C.F.R. Part 8 §8.3.

Cooperative Telephone Exchange certifies that it has complied with these requirements and will continue to comply with these requirements. Additionally, Cooperative Telephone Exchange is in compliance with Federal CPNI rules, Red Flag rules, and other Federal and State requirements governing the protection of Customer's privacy.

Cooperative Telephone Exchange

SAC: 351303

State: Iowa

Form 481

Line 610: Functionality in Emergency Situations

Iowa Administrative Code §199-39.7(3) requires an ETC to certify in its annual report that it has a reasonable amount of back-up power to ensure functionality in emergency situations. Iowa Administrative Code §199-22.6(4) also requires an ETC to make reasonable provisions to prevent or mitigate service interruption or impairment during emergency situations.

Cooperative Telephone Exchange certifies that it has complied with these requirements and the requirements set forth in of §54.202(a)(2) of the commission's rules to provide service in emergency situations.

Cooperative Telephone Exchange

SAC: 351303

State: Iowa

Form 481

Line 1010: Voice Services Rate Comparability Report

Pursuant to 47 C.F.R. § 54.313(a)(10) Cooperative Telephone Exchange (CTE) is in compliance with the requirement that voice service rate is no more than two standard deviations above the national average urban rate for voice service of \$49.51 as specified in the FCC's Public Notice, DA 17-167 issued on February 14, 2017.

Cooperative Telephone Exchange

SAC: 351303

State: Iowa

Form 481

Line 1030: Broadband Services Rate Comparability Report

Pursuant to 47 C.F.R. § 54.313(a)(12) Cooperative Telephone Exchange (CTE) is in compliance with the requirement that the broadband service rates are no more than the non-promotional rates charged for a comparable fixed wireline service in urban areas where ETC's receive support as specified in a Public Notice issued by the Wireline Competition Bureau, DA 17-167 released on February 14, 2017.

Cooperative Telephone Exchange

SAC: 351303

State: Iowa

Form 481

Line 1210: Lifeline Plans Terms and Conditions

Cooperative Telephone Exchange offers lifeline service which meet or exceed the following standards established by the FCC:

1. Landline Voice Service: Unlimited local calling
2. Fixed broadband:
 - a. Minimum broadband speed; 10 Mbps download / 1 Mbps upload
 - b. Monthly data allowance; Unlimited
3. Toll Calls: Equal access toll calls are available and are billed at carrier's standard rates for lifeline subscribers.

Cooperative Telephone Exchange

SERVICE CATALOG

PART VI

Revised
Cancels

Sheet No. 78
Sheet No.

SERVICE CHARGES

A. LIFELINE ASSISTANCE

1. The Federal Lifeline Assistance Program is a plan which assists qualified low-income applicants with reductions in their monthly service rate for voice telephony or broadband internet access service. The assistance applies for a single service at the applicant's principal place of residence. Qualified applicants shall have their monthly service rate reduced by the federal support amount defined in 47 CFR 54.403.
2. Eligibility Requirements
To be eligible for assistance, an applicant must provide documentation showing the applicant (1) meets income-based criterion currently defined as at or below 135 percent of the Federal Poverty Guidelines, OR (2) participates in at least one of the following programs as defined by 47 CFR 54.409:
 - a. Medicaid (e.g. Title XIX/Medical, state supplemental assistance)
 - b. Supplemental Nutrition Assistance Program (SNAP)
 - c. Supplemental Security Income (SSI)
 - d. Federal public housing assistance
 - e. Veterans Pension Benefit Program

The Lifeline customer is responsible for notifying the Company within 30 days if the customer ceases to participate in any of the public assistance programs listed above.

A Lifeline customer may only receive assistance from one provider per household.

3. Application for Assistance
An applicant shall request assistance through completion of a certification form provided by the Company as governed by 47 CFR 54.410.
4. Rates
 - a. The Lifeline customer will receive a monthly credit toward the customer's residential service rate. The total monthly credit identified in 47 CFR 54.403 shall be used to reduce the Lifeline customer's rate.
 - b. Toll blocking for voice services shall be included with this service offering without charge. No service deposit would be required if applicant voluntarily elects toll blocking with the initiation of Lifeline Service.

Low-Income Telephone or Broadband Internet Access Service Assistance Program

Lifeline

Lifeline is a plan that assists qualified low-income lowans by providing a monthly reduction of \$9.25 on their local telephone bill or Broadband Internet Access Service ("BIAS") bill.

You may only receive low-income assistance from one wireline or wireless telephone provider, or one BIAS provider per household.*

* NOTE:

A "Household" is defined as any individual or group of individuals who are living together at the same address as one economic unit. An "economic unit" consists of all adult individuals contributing to and sharing in the income and expenses of a household.

Eligibility Requirements

To be eligible for Lifeline assistance, you must meet income-based criterion currently defined as at or below 135 % of the Federal Poverty Guidelines (see table inside) **OR** participate in at least one of the following programs:

- Medicaid
- Supplemental Nutrition Assistance Program (SNAP)
- Supplemental Security Income (SSI)
- Federal Public Housing Assistance
- Veterans and Survivors Pension Benefit

In addition, you must not currently be receiving Lifeline assistance and no other person in your household* can be subscribed to the Lifeline program.

To Apply for Lifeline:

1. Complete the certification form attached to this brochure, (please include any supporting documents) and submit it to your local telecommunications or BIAS provider's business office. Contact information can be found on your bill or in your local telephone directory.
2. Re-certification forms are mailed to all subscribers every year. When you receive a re-certification form, complete and return it to your local telecommunications or BIAS provider within 60 days. Re-certification is mandatory and your telecommunications or BIAS provider will suspend your eligibility for low-income assistance if you do not return the re-certification form.

Federal Government Lifeline Program for Low-Income Telephone or Broadband Internet Access Service Assistance

Revised: January 2017



Courtesy of:

The Iowa Communications Alliance, Iowa Utilities Board, and Cooperative Telephone Exchange, your Local Communications Provider

135 percent of federal poverty guidelines

(As of January 31, 2017)

Number of people living in home	Household Income (at or below)
1	\$16,281
2	\$21,294
3	\$27,567
4	\$33,210
5	\$38,853
6	\$44,496
7	\$50,139
8	\$55,782
* For each additional person	Add \$5,643

Application Checklist

Please provide the following information:

1. A signed and completed Lifeline assistance certification form.
2. A copy of one of the following if applying based on the size and income level of a customer's household:

- Last year's federal or state income tax return
- Current annual income statement from employer
- Paycheck stubs for most recent three consecutive months
- Social Security statement of benefits
- Veteran's Administration statement of benefits
- Retirement or pension statement of benefits
- Unemployment or worker's compensation statement of benefits
- Letter of participation in general assistance
- Divorce decree or child support documentation

3. Supporting documentation of program-based eligibility if applying based on participation in any programs listed on the back of this brochure.

Acceptable documentation of program eligibility includes the current or prior year's statement of benefits from a qualifying assistance program, a notice, letter or documents of participation in a qualifying assistance program, or another official document demonstrating that you, or one or more of your dependents, or your household receives benefits from a qualifying assistance program. **Federal law requires your provider to review and securely retain this documentation. Federal law also prevents your provider from sharing these documents with unauthorized persons.**

For questions, please call your local telecommunications or BIAS provider.

Company Name: Cooperative Telephone Exchange

Iowa Lifeline Assistance Certification Form

*The information on this application is strictly confidential and will only be used to assess your eligibility for Lifeline Assistance. Any documentation received will be securely retained and will not be shared.**

(PLEASE PRINT)

Name:

(Last) (First) (Middle)

Residential Address: (may not be a P.O. Box)

(Street) (Apt. #) (City) (State) (Zip)

Check one below:

☐ Permanent Address ☐ Temporary Address (must verify address every 90 days)

Is this address occupied by multiple households? _____ Yes _____ No
(see definition of household on next page)

Billing Address (if different than Residential Address):

(Street) (City) (State) (Zip)

Telephone number or existing account number: _____

Date of Birth:(mm/dd/yyyy)_____ **Last 4 digits of Social Security #:** _ _ _ _

Choose ONE service to apply the Lifeline discount: (check with provider for availability)

☐ Telephone ☐ Broadband Internet Access Service ("BIAS") ☐ Service Bundle (Phone and BIAS)

Please answer the following questions:

1. Are you or anyone in your household currently participating in any of the following programs?
(Check one & attach documentation*)

- ☐ Medicaid (e.g. Title XIX/Medical, State Supplemental Assistance)
- ☐ Supplemental Nutrition Assistance Program
- ☐ Supplemental Security Income (SSI)
- ☐ Federal Public Housing Assistance
- ☐ Veterans and Survivors Pension Benefit; **OR**

2. Is your income at or below 135 percent of the Federal Poverty Guidelines?
_____ Yes _____ No (Proof of income is required*)

If yes, how many persons are in your household? _____

3. Are you or anyone else in your household currently receiving any Lifeline assistance from any other wireline or wireless telephone provider, or any other BIAS provider?
_____ Yes _____ No

**Federal law requires your provider to review and securely retain this documentation. Federal law also prevents your provider from sharing these documents with unauthorized persons.*

Lifeline Household Worksheet

Only one Lifeline Program-supported service per household is allowed under Federal law.

Your **household** is everyone who lives together at your address and contributes to, or shares in, the income and expenses of the household. Household expenses include food, health care expenses, and the cost of renting or paying a mortgage on your place of residence and utilities. Income includes salary, public assistance benefits, social security payments, pensions, unemployment compensation, veteran's benefits, inheritances, alimony, child support payments, worker's compensation benefits, gifts, and lottery winnings.

Answer the questions below to determine if there is more than one household living at your address, and if your household already receives a Lifeline Program benefit. Providing false information on this form may result in losing your Lifeline service and/or criminal penalties.


1. Does another adult (age 18 or emancipated minor) live with you AND have a Lifeline-discounted service or a "free" wireless Lifeline service? For example, husband, wife, domestic partner, parent, son, daughter, another relative (such as a sibling, aunt, cousin, grandparent, grandchild, etc.), a roommate, or another person.

_____ **No.** You are **ELIGIBLE** for Lifeline because no one in your household has Lifeline. Please **SIGN below** to certify that this is true and complete the rest of this form.

_____ **Yes.** Please answer question 2 below.

2. Do you share expenses for bills, good, or other living expenses AND share income (salary, public assistance benefits, social security payments or other income) with the person in question #1 that has a Lifeline-discounted service?

_____ **No.** You are **ELIGIBLE** for Lifeline because no one in your household has Lifeline. Please **SIGN below** to certify that this is true and complete the rest of this form.

_____ **Yes.**  Do NOT complete the rest of this form. You are **NOT ELIGIBLE** because someone in your household already has Lifeline.

I certify that the information provided above is true and that no one in my household already has Lifeline. I understand that violating the one-per-household requirement is against the Federal Communications Commission's rules and I may lose my Lifeline benefits, and may be prosecuted by the United States government for violating the rules.

Signature

Date

Please check boxes below to verify you understand that:

- € Lifeline is a federal benefit and that willfully making false statements to obtain the benefit can result in fines, imprisonment, de-enrollment or being barred from the program;
- € Only one Lifeline service is available per household;
- € A household is defined, for purposes of the Lifeline program, as any individual or group of individuals who live together at the same address and share income and expenses;
- € A household is not permitted to receive Lifeline benefits from multiple providers;
- € Violation of the one-per-household limitation constitutes a violation of the Commission's rules and will result in the subscriber's de-enrollment from the program; and
- € Lifeline is a non-transferable benefit and the subscriber may not transfer his or her benefit to any other person.

By initialing each line and signing below, I certify under penalty of perjury the information contained within this certification form is true and correct to the best of my knowledge:

_____ **I certify** that I meet the income-based or program-based eligibility criteria for receiving Lifeline.

_____ **I certify** that I will notify the carrier within 30 days if for any reason I no longer satisfy the criteria for receiving Lifeline (for example, if I no longer meet the income-based or program-based criteria for receiving Lifeline support, or if I am receiving more than one Lifeline benefit, or another member of my household is receiving a Lifeline benefit).

_____ **I certify** that if I am seeking to qualify for Lifeline as an eligible resident of Tribal lands, that I live on Tribal lands, as defined in federal law.

_____ **I certify** that if I move to a new address, I will provide that new address to the eligible telecommunications carrier within 30 days.

_____ I understand that my household will receive only one Lifeline service and, to the best of my knowledge, **I certify** that my household is not already receiving a Lifeline service.

_____ **I certify** that the information contained in this certification form is true and correct to the best of my knowledge,

_____ **I acknowledge** that providing false or fraudulent information to receive Lifeline benefits is punishable by law;

_____ **I acknowledge** that I may be required to re-certify my continued eligibility for Lifeline at any time, and my failure to re-certify as to my continued eligibility will result in de-enrollment and the termination of my Lifeline benefits.

Signature _____ Date _____

Prompt return of this certification form to your local telecommunications or BIAS provider is necessary to ensure proper credits to your account. Certified Lifeline assistance subscribers will receive a re-certification form annually from their local telecommunications or BIAS provider and must return that form to their provider within 60 days to ensure the continuation of assistance benefits.

SERVICE PROVIDER USE ONLY

Telephone # or Account # associated with Lifeline service: _____

Initiation Date: _____ De-enrollment Date: _____

Type of documentation Reviewed: ☐ Award Letter ☐ Voucher ☐ Benefits card ☐ Income Statement ☐ Other _____

Identifying Information of Document Submitted: _____

Documentation Expiration date (if applicable): _____

Name on Documentation (if different from name of applicant): _____

Method documentation was provided: ☐ In Person ☐ Fax ☐ Mail ☐ Electronically

Reviewed by: _____ Date Reviewed: _____

Cooperative Telephone Exchange

SAC: 351303

State: Iowa

Form 481

Line 3010: Milestone Certification

Pursuant to 47 C.F.R. § 54.313(f)(1)(i) Cooperative Telephone Exchange hereby certifies that throughout 2016, the Company took reasonable steps to provide upon reasonable request broadband service at actual speeds of at least 10 Mbps downstream / 1 Mbps upstream with latency suitable for real-time applications, including Voice over Internet Protocol, and usage capacity that is reasonably comparable to offerings in urban areas and that requests for such service are met within a reasonable amount of time.

REDACTED - FOR PUBLIC INSPECTION

According to the Paperwork Reduction Act of 1995, an agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0572-0031. The time required to complete this information collection is estimated to average 4 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information.

USDA-RUS OPERATING REPORT FOR TELECOMMUNICATIONS BORROWERS		<i>This data will be used by RUS to review your financial situation. Your response is required by 7 U.S.C. 901 et seq. and, subject to federal laws and regulations regarding confidential information, will be treated as confidential.</i> BORROWER NAME Cooperative Telephone Exchange	
<i>INSTRUCTIONS-Submit report to RUS within 30 days after close of the period. For detailed instructions, see RUS Bulletin 1744-2. Report in whole dollars only.</i>		PERIOD ENDING December , 2016	BORROWER DESIGNATION IA0558
CERTIFICATION <i>We hereby certify that the entries in this report are in accordance with the accounts and other records of the system and reflect the status of the system to the best of our knowledge and belief.</i> ALL INSURANCE REQUIRED BY 7 CFR PART 1788, CHAPTER XVII, RUS, WAS IN FORCE DURING THE REPORTING PERIOD AND RENEWALS HAVE BEEN OBTAINED FOR ALL POLICIES. DURING THE PERIOD COVERED BY THIS REPORT PURSUANT TO PART 1788 OF 7CFR CHAPTER XVII <i>(Check one of the following)</i> <div> <input checked="" type="checkbox"/> All of the obligations under the RUS loan documents have been fulfilled in all material respects. <input type="checkbox"/> There has been a default in the fulfillment of the obligations under the RUS loan documents. Said default(s) is/are specifically described in the Telecom Operating Report </div> <div> Roger Anderson 3/31/2017 DATE </div>			

PART A. BALANCE SHEET					
ASSETS	BALANCE PRIOR YEAR	BALANCE END OF PERIOD	LIABILITIES AND STOCKHOLDERS' EQUITY	BALANCE PRIOR YEAR	BALANCE END OF PERIOD
CURRENT ASSETS			CURRENT LIABILITIES		
1. Cash and Equivalents			25. Accounts Payable		
2. Cash-RUS Construction Fund			26. Notes Payable		
3. Affiliates:			27. Advance Billings and Payments		
a. Telecom, Accounts Receivable			28. Customer Deposits		
b. Other Accounts Receivable			29. Current Mat. L/T Debt		
c. Notes Receivable			30. Current Mat. L/T Debt-Rur. Dev.		
4. Non-Affiliates:			31. Current Mat.-Capital Leases		
a. Telecom, Accounts Receivable			32. Income Taxes Accrued		
b. Other Accounts Receivable			33. Other Taxes Accrued		
c. Notes Receivable			34. Other Current Liabilities		
5. Interest and Dividends Receivable			35. Total Current Liabilities (25 thru 34)		
6. Material-Regulated			LONG-TERM DEBT		
7. Material-Nonregulated			36. Funded Debt-RUS Notes		
8. Prepayments			37. Funded Debt-RTB Notes		
9. Other Current Assets			38. Funded Debt-FFB Notes		
10. Total Current Assets (1 Thru 9)			39. Funded Debt-Other		
NONCURRENT ASSETS			40. Funded Debt-Rural Develop. Loan		
11. Investment in Affiliated Companies			41. Premium (Discount) on L/T Debt		
a. Rural Development			42. Reacquired Debt		
b. Nonrural Development			43. Obligations Under Capital Lease		
12. Other Investments			44. Adv. From Affiliated Companies		
a. Rural Development			45. Other Long-Term Debt		
b. Nonrural Development			46. Total Long-Term Debt (36 thru 45)		
13. Nonregulated Investments			OTHER LIAB. & DEF. CREDITS		
14. Other Noncurrent Assets			47. Other Long-Term Liabilities		
15. Deferred Charges			48. Other Deferred Credits		
16. Jurisdictional Differences			49. Other Jurisdictional Differences		
17. Total Noncurrent Assets (11 thru 16)			50. Total Other Liabilities and Deferred Credits (47 thru 49)		
PLANT, PROPERTY, AND EQUIPMENT			EQUITY		
18. Telecom, Plant-in-Service			51. Cap. Stock Outstand. & Subscribed		
19. Property Held for Future Use			52. Additional Paid-in-Capital		
20. Plant Under Construction			53. Treasury Stock		
21. Plant Adj., Nonop. Plant & Goodwill			54. Membership and Cap. Certificates		
22. Less Accumulated Depreciation			55. Other Capital		
23. Net Plant (18 thru 21 less 22)			56. Patronage Capital Credits		
24. TOTAL ASSETS (10+17+23)			57. Retained Earnings or Margins		
			58. Total Equity (51 thru 57)		
			59. TOTAL LIABILITIES AND EQUITY (35+46+50+58)		

Total Equity = 99.27% % of Total Assets

See Accountants' Compilation Report

USDA-RUS OPERATING REPORT FOR TELECOMMUNICATIONS BORROWERS	BORROWER DESIGNATION IA0558
INSTRUCTIONS- See RUS Bulletin 1744-2	PERIOD ENDING December, 2016

PART B. STATEMENTS OF INCOME AND RETAINED EARNINGS OR MARGINS

ITEM	PRIOR YEAR	THIS YEAR
1. Local Network Services Revenues		
2. Network Access Services Revenues		
3. Long Distance Network Services Revenues		
4. Carrier Billing and Collection Revenues		
5. Miscellaneous Revenues		
6. Uncollectible Revenues		
7. Net Operating Revenues (1 thru 5 less 6)		
8. Plant Specific Operations Expense		
9. Plant Nonspecific Operations Expense (Excluding Depreciation & Amortization)		
10. Depreciation Expense		
11. Amortization Expense		
12. Customer Operations Expense		
13. Corporate Operations Expense		
14. Total Operating Expenses (8 thru 13)		
15. Operating Income or Margins (7 less 14)		
16. Other Operating Income and Expenses		
17. State and Local Taxes		
18. Federal Income Taxes		
19. Other Taxes		
20. Total Operating Taxes (17+18+19)		
21. Net Operating Income or Margins (15+16-20)		
22. Interest on Funded Debt		
23. Interest Expense - Capital Leases		
24. Other Interest Expense		
25. Allowance for Funds Used During Construction		
26. Total Fixed Charges (22+23+24-25)		
27. Nonoperating Net Income		
28. Extraordinary Items		
29. Jurisdictional Differences		
30. Nonregulated Net Income		
31. Total Net Income or Margins (21+27+28+29+30-26)		
32. Total Taxes Based on Income		
33. Retained Earnings or Margins Beginning-of-Year		
34. Miscellaneous Credits Year-to-Date		
35. Dividends Declared (Common)		
36. Dividends Declared (Preferred)		
37. Other Debits Year-to-Date		
38. Transfers to Patronage Capital		
39. Retained Earnings or Margins End-of-Period [(31+33+34) - (35+36+37+38)]		
40. Patronage Capital Beginning-of-Year		
41. Transfers to Patronage Capital		
42. Patronage Capital Credits Retired		
43. Patronage Capital End-of-Year (40+41-42)		
44. Annual Debt Service Payments		
45. Cash Ratio [(14+20-10-11) / 7]		
46. Operating Accrual Ratio [(14+20+26) / 7]		
47. TIER [(31+26) / 26]		
48. DSCR [(31+26+10+11) / 44]		

USDA-RUS OPERATING REPORT FOR TELECOMMUNICATIONS BORROWERS INSTRUCTIONS - See RUS Bulletin 1744-2						BORROWER DESIGNATION IA0558 PERIOD ENDED December, 2016	
Part C. SUBSCRIBER (ACCESS LINE), ROUTE MILE, & HIGH SPEED DATA INFORMATION							
	1. RATES		2. SUBSCRIBERS (ACCESS LINES)			3. ROUTE MILES	
EXCHANGE	B-1 (a)	R-1 (b)	BUSINESS (a)	RESIDENTIAL (b)	TOTAL (c)	TOTAL (including fiber) (a)	FIBER (b)
Kamrar 539	19.00	19.00					
Stanhope 826	18.00	18.00					
MobileWireless							
Route Mileage Outside Exchange Area							
Total							
No. Exchanges	2						

USDA-RUS OPERATING REPORT FOR TELECOMMUNICATIONS BORROWERS INSTRUCTIONS - See RUS Bulletin 1744-2							BORROWER DESIGNATION IA0558 PERIOD ENDED December, 2016	
Part C. SUBSCRIBER (ACCESS LINE), ROUTE MILE, & HIGH SPEED DATA INFORMATION								
4. BROADBAND SERVICE								
Details on Least Expensive Broadband Service								
EXCHANGE	No. Access Lines with BB available (a)	No Of Broadband Subscribers (b)	Number Of Subscribers (c)	Advertised Download Rate (Kbps) (d)	Advertised Upload Rate (Kbps) (e)	Price Per Month (f)	Standalone/Pckg (f)	Type Of Technology (g)
Kamrar 539				3,000	3,000	45.00	StandAlone	Fiber to the Home
Stanhope 826				3,000	3,000	45.00	StandAlone	Fiber to the Home
Total								

USDA-RUS OPERATING REPORT FOR TELECOMMUNICATIONS BORROWERS			BORROWER DESIGNATION IA0558 PERIOD ENDING December, 2016		
INSTRUCTIONS- See RUS Bulletin 1744-2					
PART D. SYSTEM DATA					
1. No. Plant Employees	2. No. Other Employees	3. Square Miles Served	4. Access Lines per Square Mile	5. Subscribers per Route Mile	
2	3				
PART E. TOLL DATA					
1. Study Area ID Code(s) a. 351303 b. _____ c. _____ d. _____ e. _____ f. _____ g. _____ h. _____ i. _____ j. _____		2. Types of Toll Settlements (Check one) <div style="display: flex; justify-content: space-between;"> <div> Interstate: <input type="checkbox"/> Average Schedule Intrastate: <input type="checkbox"/> Average Schedule </div> <div> <input checked="" type="checkbox"/> Cost Basis <input checked="" type="checkbox"/> Cost Basis </div> </div>			
PART F. FUNDS INVESTED IN PLANT DURING YEAR					
1. RUS, RTB, & FFB Loan Funds Expended					
2. Other Long-Term Loan Funds Expended					
3. Funds Expended Under RUS Interim Approval					
4. Other Short-Term Loan Funds Expended					
5. General Funds Expended (Other than Interim)					
6. Salvaged Materials					
7. Contribution in Aid to Construction					
8. Gross Additions to Telecom. Plant (1 thru 7)					
PART G. INVESTMENTS IN AFFILIATED COMPANIES					
INVESTMENTS (a)	CURRENT YEAR DATA		CUMULATIVE DATA		
	Investment This Year	Income/Loss This Year	Cumulative Investment To Date	Cumulative Income/Loss To Date	Current Balance
	(b)	(c)	(d)	(e)	(f)
1. Investment in Affiliated Companies - Rural Development					
2. Investment in Affiliated Companies - Nonrural Development					

USDA-RUS OPERATING REPORT FOR TELECOMMUNICATIONS BORROWERS	BORROWER DESIGNATION IA0558 PERIOD ENDING December, 2016
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PART H. CURRENT DEPRECIATION RATES

Are corporation's depreciation rates approved by the regulatory authority with jurisdiction over the provision of telephone services? (Check one)

☒

YES

☐

NO

EQUIPMENT CATEGORY	DEPRECIATION RATE
1. Land and support assets - Motor Vehicles	
2. Land and support assets - Aircraft	
3. Land and support assets - Special purpose vehicles	
4. Land and support assets - Garage and other work equipment	
5. Land and support assets - Buildings	
6. Land and support assets - Furniture and Office equipment	
7. Land and support assets - General purpose computers	
8. Central Office Switching - Digital	
9. Central Office Switching - Analog & Electro-mechanical	
10. Central Office Switching - Operator Systems	
11. Central Office Transmission - Radio Systems	
12. Central Office Transmission - Circuit equipment	
13. Information origination/termination - Station apparatus	
14. Information origination/termination - Customer premises wiring	
15. Information origination/termination - Large private branch exchanges	
16. Information origination/termination - Public telephone terminal equipment	
17. Information origination/termination - Other terminal equipment	
18. Cable and wire facilities - Poles	
19. Cable and wire facilities - Aerial cable - Metal	
20. Cable and wire facilities - Aerial cable - Fiber	
21. Cable and wire facilities - Underground cable - Metal	
22. Cable and wire facilities - Underground cable - Fiber	
23. Cable and wire facilities - Buried cable - Metal	
24. Cable and wire facilities - Buried cable - Fiber	
25. Cable and wire facilities - Conduit systems	
26. Cable and wire facilities - Other	

USDA-RUS OPERATING REPORT FOR TELECOMMUNICATIONS BORROWERS		BORROWER DESIGNATION IA0558
INSTRUCTIONS – See help in the online application.		PERIOD ENDED December, 2016
PART I – STATEMENT OF CASH FLOWS		
1. Beginning Cash (Cash and Equivalents plus RUS Construction Fund)		
CASH FLOWS FROM OPERATING ACTIVITIES		
2. Net Income		
<i>Adjustments to Reconcile Net Income to Net Cash Provided by Operating Activities</i>		
3. Add: Depreciation		
4. Add: Amortization		
5. Other (Explain) See Notes to the Operating Report for Telecommunications Borrowers		
<i>Changes in Operating Assets and Liabilities</i>		
6. Decrease/(Increase) in Accounts Receivable		
7. Decrease/(Increase) in Materials and Inventory		
8. Decrease/(Increase) in Prepayments and Deferred Charges		
9. Decrease/(Increase) in Other Current Assets		
10. Increase/(Decrease) in Accounts Payable		
11. Increase/(Decrease) in Advance Billings & Payments		
12. Increase/(Decrease) in Other Current Liabilities		
13. Net Cash Provided/(Used) by Operations		
CASH FLOWS FROM FINANCING ACTIVITIES		
14. Decrease/(Increase) in Notes Receivable		
15. Increase/(Decrease) in Notes Payable		
16. Increase/(Decrease) in Customer Deposits		
17. Net Increase/(Decrease) in Long Term Debt (Including Current Maturities)		
18. Increase/(Decrease) in Other Liabilities & Deferred Credits		
19. Increase/(Decrease) in Capital Stock, Paid-in Capital, Membership and Capital Certificates & Other Capital		
20. Less: Payment of Dividends		
21. Less: Patronage Capital Credits Retired		
22. Other (Explain) See Notes to the Operating Report for Telecommunications Borrowers		
23. Net Cash Provided/(Used) by Financing Activities		
CASH FLOWS FROM INVESTING ACTIVITIES		
24. Net Capital Expenditures (Property, Plant & Equipment)		
25. Other Long-Term Investments		
26. Other Noncurrent Assets & Jurisdictional Differences		
27. Other (Explain) See Notes to the Operating Report for Telecommunications Borrowers		
28. Net Cash Provided/(Used) by Investing Activities		
29. Net Increase/(Decrease) in Cash		
30. Ending Cash		

Revision Date 2010

COOPERATIVE TELEPHONE EXCHANGE

NOTES TO THE OPERATING REPORT FOR TELECOMMUNICATIONS BORROWERS

PART I - STATEMENT OF CASH FLOWS



<div>USDA-RUS</div> <div>OPERATING REPORT FOR TELECOMMUNICATIONS BORROWERS</div>	<div>BORROWER DESIGNATION</div> <div>IA0558</div>
<div>INSTRUCTIONS - See RUS Bulletin 1744-2</div>	<div>PERIOD ENDED</div> <div>December, 2016</div>
<div>CERTIFICATION LOAN DEFAULT NOTES TO THE OPERATING REPORT FOR TELECOMMUNICATIONS BORROWERS</div>	